



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

NUEVA VIDA BEHAVIORAL HEALTH  
5555 FREDERICKSBURG ROAD 102  
SAN ANTONIO TX 78229

#### **Respondent Name**

TEXAS MUTUAL INSURANCE CO

#### **Carrier's Austin Representative Box**

Box Number 54

#### **MFDR Tracking Number**

M4-11-1123-01

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "Denial for payment was received on 10/12/10 for [Claimant] for multiple dates of service for participation of an authorized chronic pain management program. Reasons for denial were '892- LOCATION OF SERVICES IN CMS-1500 BLOCK 32 INCORRECT' and '225-THE SUBMITTED DOCUMENTATION DOES NOT SUPPORT THE SERVICE BILLED'." "A request for reconsideration was submitted on 10/21/10. The error in box 32 of the CMS-1500 claim form was corrected and additional documentation was resubmitted to support the number of units we billed for each date of service."

**Amount in Dispute:** \$2635.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "Services were denied as the provider did not complete the CMS-1500 correctly." "Services were denied as the documentation did not support the number of units billed." "Services were denied as the documentation did not support the service being billed."

**Response Submitted by:** Texas Mutual Insurance Co., 6210 E. Hwy 290, Austin, TX 78723-1098

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 16, 2010 August 18, 2010	Chronic Pain Management – CPT code 97799-CP (8 hours)	\$680.00/day X 2 = \$1360.00	\$00.00
August 19, 2010	Chronic Pain Management – CPT code 97799-CP (9 hours)	\$765.00	\$00.00
August 20, 2010	Chronic Pain Management – CPT code 97799-CP (7 hours)	\$510.00	\$0.00
TOTAL		\$2635.00	\$00.00

## ***FINDINGS AND DECISION***

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.204, titled *Medical Fee Guideline for Workers' Compensation Specific Services*, effective March 1, 2008, 33 TexReg 626, sets the reimbursement guidelines for the disputed service.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated October 8, 2010

- CAC-W1-Workers compensation state fee schedule adjustment.
- CAC-16-Claim/service lacks information which is needed for adjudication. At least one remark code must be provided (May be comprised of either the remittance advice remark code or NCPDCP reject reason code.)
- 225-The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
- 375-Please see special 'Note' below.
- 892-Denied in accordance with DWC Rules and/or medical fee guideline.
- 892-Per DWC instructions for completing the CMS-1500 and DWC rules-location of services in CMS-1500 block 32 incorrect. 378-'Note' The documentation submitted does not support the number of units billed.

Explanation of benefits dated November 10, 2010

- CAC-W1-Workers compensation state fee schedule adjustment.
- CAC-16-Claim/service lacks information which is needed for adjudication. At least one remark code must be provided (May be comprised of either the remittance advice remark code or NCPDCP reject reason code.)
- CAC-193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 225-The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
- 375-Please see special 'Note' below.
- 891-No additional payment after reconsideration.
- 892-Denied in accordance with DWC Rules and/or medical fee guideline.
- 892-Per DWC instructions for completing the CMS-1500 and DWC rules-location of services in CMS-1500 block 32 incorrect. 378-'Note' The documentation submitted does not support the number of units billed.

### **Issues**

1. Did the respondent support EOB denial reason code "892"?
2. Did the submitted documentation support the number of hours billed?
3. Is the requestor entitled to additional reimbursement?

### **Findings**

1. The respondent denied reimbursement for the disputed services based upon reason code "892-Per DWC instructions for completing the CMS-1500 and DWC rules-location of services in CMS-1500 block 32 incorrect. 378-'Note' The documentation submitted does not support the number of units billed."

The respondent submitted copies of the original and reconsideration bill that list in Box # 32 that "Nueva Vida Behavioral Health" was the service facility location. The requestor submitted a medical bill that lists Snowden Ortho Occu Rehab as the service facility location.

28 Texas Administrative Code §133.307(c)(2)(A), requires that the request shall include "a copy of all medical bill(s)... as originally submitted to the carrier and a copy of all medical bill(s) submitted to the carrier for reconsideration..." Review of the documentation submitted by the requestor finds that the requestor has not provided a copy of the medical bill(s) as originally submitted to the carrier and/or as submitted for reconsideration. The Division concludes that the requestor has not met the requirements of §133.307(c)(2)(A).

The Division finds that the respondent supported position raised with EOB denial reason code "892".

2. The respondent denied reimbursement for the chronic pain management service based upon reason code “CAC-16-Claim/service lacks information which is needed for adjudication. At least one remark code must be provided (May be comprised of either the remittance advice remark code or NCPDCP reject reason code.)”.

The requestor submitted the following documentation to support billed services:

DATE	DOCUMENTATION	SIGNATURE	NO. OF HRS DOCUMENTED	NO. OF HRS PAID
August 16, 2010	Daily Group Progress Note (10-11)	Andrea Zuflacht, M.S., LPC	3	0
	Daily Group Progress Note (11-12)	Andrea M. Garcia, MS		
	Daily Group Progress Note (3-4)	Andrea M. Garcia, MS		
August 18, 2010	Progress/Treatment Note (Lists 300 minutes/No start or end time listed)	Thomas Washington, PT, MBA, ATC	0	0
	Conditioning Program (3:15)		0	0
	Daily Group Progress Note (11-12)	Andrea Zuflacht, M.S., LPC	3	0
August 19, 2010	Daily Group Progress Note (3-4)	Andrea M. Garcia, MS		
	Daily Group Progress Note (4-5)	Susana Martinez, MS		
	Progress/Treatment Note (Lists 300 minutes/No start or end time listed)	Thomas Washington, PT, MBS, ATC	0	0
August 20, 2010	Conditioning Program (3:30)		0	0
	Daily Group Progress Note (10-11)	Andrea Zuflacht, M.S., LPC	4	0
	Daily Group Progress Note (11-12)	Lesley Casias, MS, LPCI		
August 19, 2010	Daily Group Progress Note (3-4)	Lesley Casias, MS, LPCI		
	Daily Group Progress Note (4-5)	Lesley Casias, MS, LPCI		
	Progress/Treatment Note (Lists 300 minutes/No start or end time listed)	Thomas Washington, PT, MBS, ATC	0	0
August 20, 2010	Conditioning Program (No time listed)		0	0
	Daily Group Progress Note (10-11)	Andrea Zuflacht, M.S., LPC	3	0
	Daily Group Progress Note (10-11)	Andrea M. Garcia, MS		
August 20, 2010	Daily Group Progress Note (11-12)	Andrea M. Garcia, MS		
	Daily Group Progress Note (1 to hr)	Paula Hernandez, MS, LPC		
	Daily Group Progress Note (1 to hr)	Paula Hernandez, MS, LPC		
August 20, 2010	Progress/Treatment Note (Lists 180 minutes/No start or end time listed)	Thomas Washington, PT, MBS, ATC	0	0
	Conditioning Program (No time listed)		0	0

The Division finds that the requestor’s documentation does not support the number of hours billed. As a result, reimbursement is not recommended.

### **Conclusion**

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation does not support additional reimbursement sought by the requestor. The Division concludes that this dispute was not filed in the form and manner prescribed under Division rules at 28 Texas Administrative Code §133.307. The Division further concludes that the requestor did not support its position that additional reimbursement is due. As a result, the amount ordered is \$00.00.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

_____	_____	4/25/2012
Signature	Medical Fee Dispute Resolution Officer	Date

### ***YOUR RIGHT TO REQUEST AN APPEAL***

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**